

116358

Requester's Name

Address

City/State/Zip

Phone #

STATE OF CALIFORNIA
DIVISION OF CORPORATIONS

02 APR 29 PM 1:54

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

600005367716--1
-04/29/02--01056--005
*****87.50 *****87.50

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

Renewal

116358

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

Florida Department of State, Katherine Harris, Secretary of State
MARK RENEWAL APPLICATION

April 8, 2002

DECONNA ICE CREAM CO., INC., A FLA. CORP.
P.O. BOX 39
ORANGE LAKE, FL., 32681

259589

Mark Registered: CHIPS AROUND AND DESIGN OF TWO CHOCOLATE CHIP CO
Registration Number: T16358

Date Filed: 09/23/1992 Renewal Date: 09/23/2002 Class(es): 1-0030

Renewal Statement Pursuant to Section 495.071, Florida Statutes : (Below you must state the mark is still in use within the state of Florida or the reason for its nonuse.)

The mark is STILL in use within the state of Florida.

If applicant is a corporation, enter state of incorporation: FLORIDA

I, Vince DeConna, being sworn, depose and say that I am the owner or that I am authorized to sign on behalf of the owner of the trademark and/or service mark referenced herein and make this application and verification on my/the owner's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

Vince DeConna

Typed or Printed Name of Owner

Signed

Vince DeConna

Owner's Signature or Authorized Person's Signature

Subscribed and sworn to before me this 15th day of April, 2002.

Carla O. Mullins

Signature of Notary Public

(Notary Seal)
My commission expires: _____



Carla O. Mullins
MY COMMISSION # CC797909 EXPIRES
February 22, 2003
BONDED THRILLBROY FARM INSURANCE, INC.

See reverse side for instructions.

CR2E005 (7-91)

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FLORIDA STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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